1166425

#### FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

	OMB APPROVAL					
	OMB Number:	3235-0076				
	Expires:	May 31, 2005				
	Estimated avera	imated average burden				
hours per response16.						

SEC	USE OF	VLY
Prefix		Serial
DA	TE RECEIV	ED
		1

Name of Offering ( check if this is an amendment and name has changed		
Zenith Acquisition Corp., 20% Subordinated	Notes Due 1/1	/13
Filing Under (Check box(es) that apply):   Rule 504  Rule 505		
Type of Filing: New Filing Amendment		
		MAR 0 7 2002
A. BASIC IDENTI	FICATION DATA	7.7.11 0 / 2005
1. Enter the information requested about the issuer		THUMAN
Name of Issuer ( check if this is an amendment and name has changed, an	d indicate change.)	FINANCIAL
Zenith Acquisition Corp.		
	et, City, State, Zip Code)	Telephone Number (Including Area Code)
220 John Glenn Drive, Suite 1, Amherst, NY	14228	716-212-0660
Address of Principal Business Operations (Number and Str	et, City, State, Zip Code)	716-213-0-660 Telephone Number (Including Area Code)
(if different from Executive Offices)		
Brief Description of Business		
Receivable Management Company		HEOEIVED CO
Type of Business Organization		
corporation limited partnership, already form		lease specify): MAR O I ROOF
business trust limited partnership, to be formed		
Month Year		
Actual or Estimated Date of Incorporation or Organization:		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Se CN for Canada; FN for other		NY
	O J	

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

2. Enter the information requested for the following:  • Each promoter of the issuer, if the issuer has been organized within the past five years:  • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the i  • Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  • Each general and managing partner of partnership issuers.  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	ssuer.
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the i     Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and     Each general and managing partner of partnership issuers.  Check Box(es) that Apply: □ Promoter ▼ Beneficial Owner ▼ Executive Officer ▼ Director □ General and/or Managing Partner  Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: □ Promoter ▼ Beneficial Owner ▼ Executive Officer ▼ Director □ General and/or	ssu <b>e</b> r.
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and  Each general and managing partner of partnership issuers.  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or	ssuer.
• Each general and managing partner of partnership issuers.  Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or Managing Partner  Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☒ Executive Officer ☒ Director ☐ General and/or	
Check Box(es) that Apply: Promoter R Beneficial Owner Executive Officer Director General and/or Managing Partner  Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter R Beneficial Owner R Executive Officer Director General and/or	
Full Name (Last name first, if individual)  Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter	
Paris, David  Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter  Beneficial Owner  Executive Officer  Director  General and/or	
Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter X Beneficial Owner Ex Executive Officer Director General and/or	
Business or Residence Address (Number and Street, City, State, Zip Code)  220 John Glenn Drive, Suite 1, Amherst, NY 14228  Check Box(es) that Apply: Promoter X Beneficial Owner Ex Executive Officer Director General and/or	
Check Box(es) that Apply: Promoter X Beneficial Owner Ex Executive Officer Director General and/or	
Managing Partner	
Full Name (Last name first, if individual)	
Hornblass, Howard	
Business or Residence Address (Number and Street, City, State, Zip Code)	
220 John Glenn Drive, Suite 1, Amherst, NY 14228	
Check Box(es) that Apply: Promoter Example Beneficial Owner Example Executive Officer Example Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Nowicki, Greg	
Business or Residence Address (Number and Street, City, State, Zip Code)	
220 John Glenn Drive, Suite 1, Amherst, NY 14228	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Business of Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Decided Address Observed On a City Code	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

		14 JAP			, a, B, I	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	e issuer sol	d, or does t			ell, to non-a					<i></i>	Yes X	No
2.	What is	s the minin	num investn									<sub>\$</sub> 5,0	000
	71 IIde I	3 1110 11111111		non that v	. III 00 2000	, p <b>ica</b> 1. cm	any marrie					Yes	No
3.			permit join		-								
4.	commis If a per or state	ssion or sin son to be li s, list the n	nilar remune sted is an as:	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn ker or deale e (5) perso	ection with or registered as to be list	sales of sec d with the S ed are asso	curities in t SEC and/or	irectly, any he offering. with a state ons of such		
Ful	l Name (	Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	lumber and	I Street, C	ity, State, Z	Zip Code)						
Nar	ne of As	sociated B	roker or De	aler							<del> </del>		
Stat	tes in WI	nich Person	n Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State	s" or check	individual	States)				,			☐ Al	l States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full	Name (	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					<u>:</u>	
Nan	ne of As:	sociated B	roker or De:	aler									
Stat	es in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)				**************			☐ AI	l States
	AL IL MT RI	AK IN NE SC	AZ 1A NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Full	Name (	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (N	lumber an	d Street, C	City, State, 2	Zip Code)						
Nan	ne of Ass	sociated Bi	oker or Dea	aler			·	·	· · · · · · · · · · · · · · · · · · ·				
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)							☐ Al	l States
	AL IL MT R1	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity	\$	_	\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests		_	· · · · · · · · · · · · · · · · · · ·
	Other (Specify Subordinated Notes Due 1/1/13			
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Ψ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Aggregate
		Number Investors		Dollar Amount of Purchases
	Accredited Investors		_	\$
	Non-accredited Investors			\$
	Total (for filings under Rule 504 only)	0	_	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505		-	\$
	Regulation A		-	\$
	Rule 504	• •		<b>.</b>
	Total		-	· <u> </u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees	[	]	\$
	Printing and Engraving Costs			\$
	Legal Fees		_ x	\$ 35,000
	Accounting Fees	_	 ]	\$
	Engineering Fees	-	_	\$
	Sales Commissions (specify finders' fees separately)	_	_	\$
	Other Expenses (identify)	_	_	\$
	Total		_	\$35,000

	C. OFFERING ERICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Question and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gros proceeds to the issuer."	SS	\$ <u>965,000.</u> 00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.	d	
		Payments to	
		Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	. 🔲 \$	\$
	Purchase of real estate	. 🔲 \$	\$
	Purchase, rental or leasing and installation of machinery and equipment	. 🔲 \$	<u>\$ 211,000</u>
	Construction or leasing of plant buildings and facilities	. 🔲 \$	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another		
	issuer pursuant to a merger)	_	
	Repayment of indebtedness		
	Working capital		
	Other (specify): Subordinated Notes Due 1/1/13	П.	\$
		. 🔲 \$	
	Column Totals	\$_0.00	\$965,000
	Total Payments Listed (column totals added)	. <u></u> \$_96	<u> 55,000</u>
ila.	D. FEDERAL SIGNATURE		
ign	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice ature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comminformation furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of	ission, upon writte	
	er (Print or Type)  nith Acquisition Corp.  Signature	Date 2/24/05	
	ne of Signer (Print or Type)  Title of Signer (Print or Type)	1	
	vid L. Paris President		
		··	

## --- ATTENTION -----